



# Middleton Municipal Court

Honorable Marjorie H. Schuett  
7341 Donna Drive  
Middleton, WI 53562  
(608) 824-7370 (608) 833-9995 (Fax)

## INDIGENCY EVALUATION FORM

If you would like to request an Indigency Hearing, please fill in the requested information on this form and return to the Middleton Municipal Court.

TODAY'S DATE: \_\_\_\_\_

CITATION NUMBER(S): \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(First, Middle, Last)

ADDRESS: \_\_\_\_\_  
(street address, city, state, and zip code)

\_\_\_\_\_  
(home phone number) (cell number) (email address)

CURRENT EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYMENT START DATE: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ WAGE PER HOUR: \$ \_\_\_\_\_

- ARE YOU CURRENTLY UNEMPLOYED?.....  NO  YES
- ARE YOU RECEIVING UNEMPLOYMENT COMPENSATION?....  NO  YES, I RECEIVE \$ \_\_\_\_\_ PER MONTH
- DO YOU HAVE DEPENDANT CHILDREN LIVING WITH YOU?...  NO  YES, I HAVE \_\_\_\_\_ DEPENDANTS
- DO YOU RECEIVE CHILD SUPPORT?.....  NO  YES, I RECEIVE \$ \_\_\_\_\_ PER MONTH
- DO YOU PAY CHILD SUPPORT?.....  NO  YES, I PAY \$ \_\_\_\_\_ PER MONTH

### EXPENSES PER MONTH

UTILITIES	\$ _____	RENT/MORTGAGE	\$ _____	LOANS	\$ _____
GROCERIES	\$ _____	TRANSPORTATION	\$ _____	MEDICAL	\$ _____
INSURANCE	\$ _____	CREDIT CARDS	\$ _____	DAYCARE	\$ _____
SCHOOL/TUITION	\$ _____	COURT FEES/FINES	\$ _____		

LIST ANY OTHER EXPENSES YOU WISH CONSIDERED:

By signing this form, I am stating that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_